



Region 5 Spring Meeting

June 7-8, 2024

Hosted by the Daylily Society of Greater Atlanta
Website: www.atlantadaylily.org



Convention Location: **Hilton Garden Inn ,Alpharetta**
4025 Windward Plaza, Alpharetta Georgia 30005
Phone 1-770-360-7766 Use Group Code: **DAYLILY SOCIETY ATL**

**Alpharetta –
Come Explore in 2024**

Convention Chair: Mark Franklin
(Cell 770-403-4685)

Registration Information: Registration includes one day of motor coach tours (three tour gardens), lunch on Saturday and two dinners. Companion dinners will be available for \$50.00 each. **Please print** names as you wish them to appear on your nametags. Indicate youth reservations with a “Y” following the name.

Deadline for Registration is May 15, 2024.

Attendee #1 _____ **Attendee #2** _____

Additional Attendees _____

Address _____

City _____ **State** _____ **Zip** _____

ADS Region _____ **Email** _____

Phone _____

If you are a Regional or National Officer, Please list your title: _____

If you have a special medical or **dietary** or **mobility** needs, please provide names and specific details on the bottom of the registration form.

Convention Registration Fees:

Adult Registration (\$129.00 postmarked by 4/30/24) Number _____ Cost _____ Total _____

Adult Registration (\$149.00 postmarked after 4/30/24) Number _____ Cost _____ Total _____

Youth Registration (\$100.00 postmarked by 4/30/24) Numner _____ Cost _____ Total _____

Youth Registration (\$129.00 postmarked after 4/30/24) Number _____ Cost _____ Total _____

Companion Dinners Name _____ Number _____ Cost **\$50 each** Total _____
for June 7 and/or June 8

Registration Total: _____

(Maximum Registration are 120! A waiting list will begin as soon as the 120 cap is reached)

Pre-registration/payment is required and may be made by check or credit card. Registration forms received without payment or credit card information will be returned.

Make checks payable to: **DSGA - 2024 Spring Meeting** Paid by check # _____

To charge your convention registration to a credit card, please complete the following information –

Credit Card – Visa, MasterCard, or American Express #: _____

Billing zip code: _____ Exp. Date: _____ 3- or 4-Digit Security Code: _____

*Once credit card charges have been processed, this part of the registration form will be “blacked out” for security purposes.

Convention Cancellation Policy: Cancellations received before 4-30-24 will receive a full refund; those re-

ceived after 4-30-24 will be reviewed on an individual basis. Registrations may be transferred to someone else after the 4-30-24 cutoff date. Please notify the registrar of changes.

Hotel Reservations: Make hotel reservations by phone directly with Hilton Garden Inn, Atlanta North/Alpharetta (1-770-360-7766) before the cutoff date of **5-30-24** and mention **Group Code: DAYLILY SOCIETY ATL** to receive discounted rates. (\$159 per night for King and Standard room, **includes full, hot breakfast;** excludes taxes).

Judges Clinic and Workshop Registration: Please print name(s) of person(s) who plan to attend. A \$5.00 clinic/workshop fee will be collected at each session. Attendees must bring the newest revision of the Garden Judges and Exhibition Judges Handbooks (available on the AHS website).

Exhibition Judges Clinic I _____

Exhibition Judges Clinic II _____

Exhibition Judges Clinic III _____

Garden Judges I _____

Garden Judges II _____

Any special medical dietary or mobility needs? (Please specify how we may best support you.)

Name _____

List Medical, **Dietary** or **Mobility** Needs:

Mail Registration to: Vicki Alsup

Region 5, 2024 Registrar

6375 Elmo Road, Cumming, GA 30028

Phone: 770-789-8913 e-mail: vicki.alsup@yahoo.com